2011 026570

2011 MAY 12 AM 9: LR

MAIL TAX STATEMENTS TO:

STATE OF INDIANA)

)SS:

COUNTY OF LAKE

SURVIVORSHIP AFFIDAVIT

Comes now DEBRA L. BATUR, as Personal Representative of the Estate of Harry R. Miley, who being duly sworn upon her oath, deposes and says:

- 1. That affiant resides at the address given below affiant's signature;
- 2. That this Affidavit is made in regard to the real estate commonly known as 711 213th Street, Dyer, Indiana, and legally described as follows:

- 3. That said premise was formerly owned as joint tenants by HARRY R. MILEY and GLORIA J. MILEY, husband and wife; This Document is the property of
- 4. Said GLORIA J. MILEY died on May 14, 2008, in Lake County, Indiana, and HARRY R. MILEY died on June 2, 2010, as evidenced by the attached Certificates of Death.
- 5. That the marital relationship which existed by and between HARRY R. MILEY and GLORIA J. MILEY at the time they acquired the real estate remained in effect and unbroken until the date of death of GLORIA J. MILEY, on May 14, 2008;
- 6. That all funeral expenses in connection with the deaths of GLORIA J. MILEY and HARRY R. MILEY have been paid in full;
- 7. That the decedents, GLORIA J. MILEY and HARRY R. MILEY, left no estate or inheritance tax liability by reason of his death;
- 8. That the affiant's relationship to the deceased was that of daughter and Personal Representative of the Estate of Harry R. Miley;

__ CHARGE CASH __ CHECK #___ OVERAGE __ COPY ___ NON - COM __

CLERK ____

FILED MAY 1 1 2011

DEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

001694

| That the foregoing representations are true and correct to the best of this affiant's knowledge, information, and belief. |
|---|
| Dated this <u>25</u> day of April, 2011. |
| Dehr 5 Balun DEBRA L. BATUR, Affiant 2506 Howard Castle Drive Dyer, IN 46311 |
| Subscribed and sworn to before me, a Notary Public, this 45 day of April, 2011. |
| Document Anice N. Williams Notary Public LANICE N. WILLIAMS Porter County My Commission Expires |
| This Document is the property of |
| THIS INSTRUMENT PREPARED BY: RONALD OSTOJIC |
| OSTOJIC & OSTOJIC 6287 Central Avenue Portage, IN 46368 PH: (219) 764-0042 |
| i affirm, under the princities for borgury, that I have taken reasonable care to redard such Societificality |
| number in this document, unless required by law Traci Hurst 17e/155A YAVEZ |
| |

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| Local No. | 128-10 | | | | | | | State No. | | *************************************** | |
|---|------------------------|--|--------------------------|---------------------------------|-------------------------|-----------------|--|-------------------------------|------------------------------|---|--|
| Decedent's Legal Name (First, Middle, Last) | | 1a. Maiden Last N | lame (If Fem | sie) | | 2. Sex | 3. Time Of Death | | te Of Death (Month/Day/Year) | | |
| Harry R | | | | | | | Male | 7:00 am | | June 2, 2010 | |
| 5. Social Security Number 6a. Age - Yrs | 6b. Under 1 Year | 6c, Under 1 Month | 6d. Under 1 Day | 6e. Under | r 1 Hour | 7. Date C | f Birth (Month/Day/Yo | ear) 8. Birthpla | ce (City And St | ate Or Foreign Country) | |
| 323-28 -2132 77 | Months | Days | Hours | | | | ne 7, 1932 | | Calum | et City, IL | |
| | eath Occurred in A Ho | • | | 1 | | | ther Than A Hospital: ome D Nursing Hom | | | (D Y.) | |
| 11. Facility Name (If Not Institution, Give Street | | Department Outpatient 🗍 | Dead On Amvai | _ ⊔ Hospi | ice Facility JON | Decedent2 H | ame ∟a Nursing Hom | ne /Long Time Care F | acimy LI Other | (specify) | |
| 711 213th St. | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code | | | | 1 | 3. County of E | eath | | 14. Manta | Status At Time | Of Death | |
| Oyer, IN 46311 | | | 1 | Lake | | | ☐ Married ☐ Married, But Separated ☐ Divor Wildowed ☐ Never Married ☐ Unknown | | | | |
| 15. Surviving Spouse's Name | | 15a. (If Wife)Gr | fe)Give Maiden Last Name | | | nt's Usual Oc | supation | 17. Kind Of Business/Industry | | | |
| | | | | | Opera | tor | | Dynagel Inc. | | | |
| 18. Residence State | 1 | 8a. County | | 18b City Or Town | | | | | <i>y</i> gere. | | |
| IN | | Lak | ie. | | | | | Dyer | | | |
| 18c. Street And Number | <u> </u> | | | | | | 18d. Apt. I | No. 18 | e. Zip Code | 18f. Inside City Limits? | |
| '11 213th St. | | | | | | | | | 46311 | MS Yes □ No | |
| 19. Decedent's Education | | 20. Decedent Of Hispan | nic Origin | | 21. Dec | edent's Race | | | | | |
| 8 | | | No | | | | | White | | s Maiden Last Name | |
| 2. Father's Name (First, Middle, Last) | | | | 23. Molf | ner's N ame (Fir | st, Middle, Las | 1) | | 238. Momen | s Maiden Last Name | |
| rank Miley | | 1.04. 515 () 7 | | | se Miley | | | | Brew | | |
| | | 24a. Relationship T | o Decedent | | , | | nber, City, State, Zip | • | | | |
| Rick Miley | | Son | 25 0 | 2604 Place Of Di | | JN, WI | eatfield, II | N 46392 | | | |
| 5a. Method Of Disposition | 25b. Plac | e Of Disposition (Name Of | Cemetery, Cremator | ry, Other Plac | ce) | 25c. Location | - City, Town, And S | tate | | | |
| Mac Burial □ Cremation □ Donation □ Entol □ Removal From State | | NIC | | | | T A | - | | | | |
| Other (Specify): | | Chapel Lawn I | | Garder | 18 | /Sc | herervi | lle ,I | | Funeral Home License Number: | |
| | | uneral Home, | | inet A | ve, Mur | ster, II | V 46321-25 | 21 | 274. | 3004968 | |
| 27b. Signature Of Indiana Funeral Service Lice | isee: | theI | ake Co | 01111 | tv Re | cord | 276. License f | Number (Of Licenses |) | | |
| - Thomas |) u | ws | | 0 0,22 | | | | | 1045184 | | |
| 28. Part I. Enter The Chain Of Events | Niceases Injuries | | e Of Death (Se | | | • | T . | | | Approximate | |
| Such As Cardiac Arrest, Respiratory An A Line, Add Additional Lines If Necessa | est, Or Ventricular | Fibrillation Without Sh | owing The Etiolog | gy. Do Not | Abbreviate. | Enter Only | One Cause On | Acces | | Intervat: Onset To Death | |
| immediate Cause (Final Disease Or Co | - | Death A. | i W | no C | auc | | uno a | | · | | |
| Sequentially List Conditions, If Any, Lea | ding To The Cause | a Listed On B. | A | dua | rceal | COF | inal Events One Cause On One Cause On Consequency On: | | | | |
| Line A. Enter The Underlying Cause (D The Events Resulting In Death) Last | | | 1100 | Due ToffOr As A Consequence Off | | | | | | | |
| The Creika Resoluting in Death) Last | | | | MITTE | 1 | Due To (Or As A | Consequence Of): | | | | |
| Part li. Enter Other Significant Conditions Confi | ibuting To Death But N | D. lot Resulting In The Under | lying Cause Given in | Part I | | 29. Was An A | utopsy Performed? | □Yes] | KĪ No | | |
| | | | | -0111111 | | 30. Were Au | topsy Findings Availa | ble To Complete The | Cause Of Dear | ^{tr?} ☐ Yes ☐ No | |
| 31. Did Tobacco Use Contribute To Death? | 32. If Fer | nale: | ALL S | DER. | 500 | | 33. Man | ner Of Death: | -, | | |
| es Probably No Unknown | □ Not Pre | gnant Within Past Year D Pregnant, But Pregnant 43 Days To | 1 Year Before Death | Unknown # F | Prognant Within Th | e Past Year | ☐ Suicide | Could Not Be Ceter | nined . | | |
| 34. Date Of Injury (Month/Day/Year) | 35. Time | Of Injury | | | | | onstruction Site ,Rest | aurant, Wooded Are | a) | 37. Injury At Work? | |
| | | | | غبزا | | | | | | ☐ Yes ☐ No | |
| 38. Location Of Injury - State | 38a. City | От Тоңия | 386 | Street & Nun | nber | 7 | | 38c. | Apt. No. | 38d. Zip Code | |
| 39 Describe How Injury Occurred | I | | - Ve | //DIA | min | | 40. If | Transportation Injury | Specify; | : | |
| | | | | | | | ET Oniv | rer/Operator 🖸 Passer | ger 🖸 Pedestis | n 🛘 Other (Specify) | |
| Signature, Of Person Certifying Payse Of C | eath: | - · · · · · · · · · · · · · · · · · · · | | | | 4 | 2. Certifier (Check O | rily One) | | | |
| <u>y / / / / / / / / / / / / / / / / / / /</u> | ~ C/ · | | | | | | Certifying Physic | ian D Coroner D | | 5. Date Certified | |
| 3. Name, Address And Zip Code Of Pers | | | . | | <u>-</u> | | 44 | . CURRISH NUMBH | | | |
| Dr. Bruna Arru | nategui-Ro | driguez 7400 | Columbia | Hamm | ond,IN | 46324 | · · · · · · · · · · · · · · · · · · · | X010(04) | d61 A | June ,2010 | |
| 46. Additional Funeral Service Provider: | | | | | | | 47 | MKdS. | | | |
| 48. Signature of Local Health Office: | D 50 | T D.O. | | | | 4 | 9. For Registrar O | nty – Dete Filed (Mo | nth/Day/Year): | | |
| _war. | _ | | | | | } | him | 14.7 | 010 |) | |
| | | | | | | | | THE RECORS IN THIS S | <u> </u> | | |



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| | rst. Middle. Last) | | ******* | | 1a Maiden Last Na | me (If Female) | | 2. Sex | | Time Of Death | | Death (Month/Day/Year) | | |
|--|--------------------------|---|---|-----------------------|---|---------------------------------|-----------------------------------|---|--------------------------------|--|---|--|--|--|
| Decedent's Legal Name (First, Middle, Last) GLORIA JEAN MILEY | | | | | 1a Maiden Last Name (If Female) GRESHAM | | | F | | 6:20 PM MAY 14 | | | | |
| 5. Social Security Number 6a Age Yrs 6b. Under 1 Year 6c Under 1 Month 6d Under 1 Day 6e Under 1 Hour 7. Date Of Birth (Month/Day/Year) 8 Birthplace (City And State Or Foreign Cour | | | | | | | | | reign Country) | | | | | |
| -3365 | 67 | Months | Days | | Hours | Minutes | 0 | ctober 1, 19 | | | | | | |
| Ever In U.S. Armed Forces Yes ⊠ No Unknown | ead On Arrival | 10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing HomerLong- | | | | | | | | | | | | |
| Term Care Facility Other (Speciny) | | | | | | | | | | | | | | |
| 11. Facility Name (If Not Instit | | | | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code 13. Countly Of Death 14. Marital Status At Time Of Death | | | | | | | | | | | | | | |
| DYER, INDIANA 46311 LAKE | | | | | | | | | | | | | | |
| 15. Surviving Spouse's Name | ; | | | 15a. | (İf Wife)Give Maider | Last Name | | 16 Decede | nt's Usual Occupa | tion | 17. Kind C | f Business/Industry | | |
| 18. Residence – State | | | 18a. County | NA | | 18h City | DELI C | LERK JEWEL FO | | | FOOD STORE | | | |
| INDIANA | | | LAKE | | | 18b. City Or Town DYER | | | | | | | | |
| | | | LANL | | | DILK | | | | | | | | |
| 18c. Street And Number 711 213TH STREE | ĒΤ | | | | | | | 1 | 18d. Apt. No. | | 18e. Zip Code 18f. Inside Cay Limits? 46311 ☑ Yes ☐ No | | | |
| 19. Decedent's Education | | • • | 20. Decedent | Of Hispanie | c Origin | | 21. Decedent's | Race | | | | <u> </u> | | |
| 9-12th grade, no diploma No, not Spanish/Hispanic/Latino White | | | | | | | | | | | | | | |
| 22. Father's Name (First, Mid | | ` | | | | | ame (First, Middle | | | 1 | | den Last Name | | |
| EDWARD CHARLES | GRESHAM | | | | | MARJORI | GRESHAM | ١ | | 10 | STER | | | |
| 24. Informant's Name RICK MILEY | | | 24a. Rela SON | itionship To | Decedent | | Idress (Street An IOO N. WHE | _ | State, Zip Code) NDIANA 463 | 92 | | | | |
| | | | | /- | 25 P | ace Of Disposi | ion 4 | | | | | | | |
| 25a. Method Of Disposition | ☑ Burial ☐ Cre | emation 25b. | Place Of Disposition | (Name Of C | Cemetery, Cremator | /, Other Place) | 25c. Lo | cation - City, To | wn, And State | | | | | |
| ☐ Donation ☐ Entombment ☐ Other (Specify): | Removal Fron | n State CH/ | | TO | AL GARDENS | ות ות | | RERVILLE | , INDIANA | | | | | |
| 26. Was Coroner Contacted ☐ Yes ☑ No | | | N FUNERAL | HOME. | 8178 S. CLIN | IE AVE., SC | HERERVILL | E, INDIAN | A 46375 | | 27a. Fun FH199 | eral Home License Number: 00051 | | |
| 27b. Signature Of Indiana Fu | neral Service Licer | nsee: | Inis | 170 | cumen | t is th | e pro | perty | 27c. Licens | se Number (Of Lice | nsee) | | | |
| | | | 200 | 10(I) | | ounty | | | FD2050 | 0007 | | | | |
| 28. Part I. Enter The <u>Ch</u> Such As Cardiac Arrest, A Line. Add Additional L | Respiratory Am | est, Or Ventricu | ries, Or Complica lar Fibrillation Wil | tions—Th thout Sho | wing The Etiology | ed The Death, y. Do Not Abbr | Do Not Enter T eviate. Enter (| erminal Even Only One Cau | ise On | | | Approximate Interval: Onset To Death | | |
| Immediate Cause (Final | Disease Or Cor | ndition Resulting | g In Death | Α | IN | TAACE | REBR | AL | BLEEL |) | | 18-2014 | | |
| | | | | р | SUB | OV RIFL | Due To (C | Or As A Consequence | ONALAL | - | | | | |
| Sequentially List Condition Line A. Enter The Under The Events Resulting In | rlying Cause (D | ding To The Ca isease Or Injury | use Listed On That Initiated | | IN SUB Parki | PALE | CAR Oue To (C | Or As A Consequence C TID Or As A Consequence | ART. | ERY 1: | IN BOR | 4511 | | |
| Part II. Enter Other Significar | 11 Conditions Contr | ibuting To Death E | lut Not Resulting In T | D. he Underlyi | ing Cause Given In I | Part I | 29. Wa | s An Autopsy Pe | erformied? | □Yes ⊠ N | | | | |
| | | | | | | | 30. We | re Autopsy Find | ings Available To 0 | Complete The Caus | | ☐ Yes No | | |
| 31. Did Tobacco Use Contrib | | | Female: | | THE STREET | DER'S | | otc :: | 33. Manner Of I | | | - | | |
| ☐ Yes ☐ Probably ☐ No 🌹 U | | Ĭ⊒ No | t Pregnant, But Pregnant | 43 Days To 1 | nanii At Time Of Death I Year Before Death I | Unknown If Pregna | t Within The Past Ye | ar | ☐ Suicide ☐ Cor | nicide 🔲 Accident 🗖 ald Not Be Determined | | | | |
| 34. Date Of Injury (Month/Da | y/Year) | 35. T | ime Of Injury | | 36. P | ace Of Injury (E.G | , Decedent's Hor | ne, Construction | Site, Restaurant, | Wooded Area) | 37 | '. Injury At Work? ☐ Yes ☑ No | | |
| 38. Location Of Injury - State | | 38a. | City Or Town | | 38b. 5 | Street & Number | | | | 38c. Apt. N | | Zip Code | | |
| NA | N/A | NA | | 787,77 Sq. | NA | Mounts. | TOWNSTA | | / | NA | NA NA | | | |
| 39 Describe How Injury Occur | rred NA | | ř. | The state of | er a eer b | William . | | | | sportation Inju | | • | | |
| 41. Signature, Of Person Certifying Cause Of Death: 42. Certifier (Check Only One) Certifying Physician | | | | | | | | | | ner (specify) | | | | |
| | 19.00 | | | | | | | Ear Celuly | g : nysioidii ∐ | CONTRACT IN THE STORY | i Olioti | | | |
| 43. Name, Address And Z Dr. Amarji t | ip Code Of Pers Bhasi | on Certifying Ca | £54ع،ان | Suil | te 101, | | | | 44. Licer | ise Number 3507 | 3 5 | 120 08 | | |
| 46. Additional Funeral Service | | | 12000, | ΞŴ | 46311 | CARRY CO. T. T. T. | , | <u> </u> | 47 *Aka | s: NA | | 1 | | |
| 48. Signature of Local Health | Deciden | DE | Sut | D.O. | | 49. For Reg | istrar Only - Dat | | Day/Year): | 08 | | | | |
| State Form 10110 (R7/9-0 | 7) ATTENTION ESTA | TE The Social Security | # is being requested by ti | his state agenc | cy in order to pursue its st | atutory responsibility | Disclosure is voluntary | and there will be no | penalty for refusal T | HE RECORDS IN THIS | SERIES ARE CO | INFIDENTIAL PER IC 16-3 7-1-10 | | |